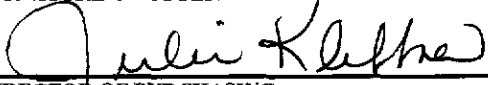
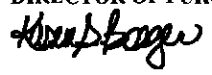




## NOTICE OF AWARD

State Of Missouri  
Office Of Administration  
Division Of Purchasing  
PO Box 809  
Jefferson City, MO 65102-0809  
<http://oa.mo.gov/purchasing>

<b>SOLICITATION NUMBER</b> RFPS30034901700042	<b>CONTRACT TITLE</b> Alternatives to Abortion Program Services
<b>CONTRACT NUMBER</b> CS170042006	<b>CONTRACT PERIOD</b> February 1, 2017 through June 30, 2017
<b>REQUISITION/REQUEST NUMBER</b> NR 300300700001	<b>SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID</b> 43156952500/MB00094162
<b>CONTRACTOR NAME AND ADDRESS</b> THE LIGHT HOUSE INC 400 WEST MEYER BOULEVARD P O BOX 22553 KANSAS CITY MO 64113	<b>STATE AGENCY'S NAME AND ADDRESS</b> Office of Administration Commissioner's Office State Capitol Building, Room 125 Jefferson City MO 65101
<b>ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:</b>  The proposal submitted by The LIGHT House Inc. in response to Solicitation Opportunity OPP No. RFPS30034901700042 is accepted in its entirety. The maximum annual total price available for fiscal year 2017 for Geographic Region 3 is \$200,000.00; the prorated total price for the above-referenced contract period is \$83,333.33.	
<b>BUYER</b> Julie Kleffner	<b>BUYER CONTACT INFORMATION</b> Email: Julie.Kleffner@oa.mo.gov Phone: (573) 751-7656 Fax: (573) 526-9816
<b>SIGNATURE OF BUYER</b> 	<b>DATE</b> 1-25-17
<b>DIRECTOR OF PURCHASING</b>  Karen S. Boeger	



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR BEST AND FINAL OFFER (BAFO)  
FOR REQUEST FOR PROPOSAL (RFP)

BAFO REQUEST NO.: 002  
SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 10/18/16

REQ NO.: NR 300 300700001  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: Julie.Kleffner@oa.mo.gov

BAFO RESPONSE SHOULD BE RETURNED BY: 10/25/16 AT 5:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Sealed BAFOs should be in Division of Purchasing office (301 W High Street, Room 630) by the return date and time.

RETURN BAFO RESPONSE TO: (U.S. Mail) PURCHASING  
PO BOX 809  
JEFFERSON CITY MO 65102-0809  
or (Courier Service) PURCHASING  
301 WEST HIGH STREET, RM 630  
JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract Through June 30, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration  
Commissioner's Office of Administration  
State Capitol Building, Room 125  
Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests. The vendor agrees that the language of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri.

SIGNATURE REQUIRED

VENDOR NAME The L.I.G.H.T. House, Inc.		MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN) 94162	
MAILING ADDRESS P.O. Box 22553			
CITY, STATE, ZIP CODE Kansas City, Mo 64113			
CONTACT PERSON Russell L. Martin		EMAIL ADDRESS Russell.M.Lighthouse@MRCH.org	
PHONE NUMBER 816-361-2233		FAX NUMBER 816-361-8333	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE 		DATE 10/18/2016	
PRINTED NAME Russell L. Martin		TITLE Pres. Sent	

PRICING PAGE, continuedPricing Table Revised by Addendum #1

Line Item	Geographic Region	Original Contract Period Maximum Annual Total Price (based upon a 12-month period)	Minimum Annual Total Price Required to Provide Services (based upon a 12-month period)	Non-Residential Services, Price Per Client, Per Month	Residential Care Services, Price Per Client, Per Month
1	1	\$ _____	\$ _____	\$ _____	\$ _____
2	2	\$ _____	\$ _____	\$ _____	\$ _____
3	3	\$ <u>200,000</u>	\$ <u>20,000</u>	\$ <u>225</u>	\$ <u>3,000</u>
4	4	\$ _____	\$ _____	\$ _____	\$ _____
5	5	\$ _____	\$ _____	\$ _____	\$ _____
6	6	\$ _____	\$ _____	\$ _____	\$ _____
7	7	\$ _____	\$ _____	\$ _____	\$ _____
8	8	\$ _____	\$ _____	\$ _____	\$ _____
9	9	\$ _____	\$ _____	\$ _____	\$ _____

ALTERNATIVES TO ABORTION PROGRAM SERVICES  
RFPS30034901700042  
BAFO REQUEST NO: 002

The L.I.G.H.T. House, Inc. acknowledges receipt of the above and submits the following response:

1. 2.2.3 – We will verify the client is not receiving funding from any other agency under this contract and will include written confirmation in the client's case file.
2. 2.3.2 – The L.I.G.H.T. House will either provide the service directly or refer the client to another provider as described in the original response (Exhibit F, paragraph 7).
3. 2.3.2 d – We will assist the client in finding newborn or infant medical care by a licensed medical provider as prescribed in this section.
4. 2.3.2 i – The L.I.G.H.T. House will meet this obligation as described in our original response (Exhibit F).
5. 2.3.2.1.2) second bullet point – We do provide residential care, but if at capacity will refer to other licensed maternity homes in the area.
6. 2.4.1 e.1 – The L.I.G.H.T. House will comply with the requirements of this section.
7. 2.4.1.e.4) second bullet – We will comply with the requirements of this section.
8. 2.5.5 a., b., and c – We will enter and maintain the required registration activities, will complete the necessary security forms, and acknowledge the right of the state agency to revoke access as outlined in this section.
9. 2.11.4 e – We understand we will not be paid for referrals made that do not have a direct cost to the contractor.
10. 4.1.4 – See pricing page.
11. 4.1.5 – See pricing page

Identified Deficiencies and Areas of Concern/Clarification

1. The pricing page includes a price per client, per month, for non-residential services.
2. The L.I.G.H.T. House understands and agrees with the requirements of paragraph 2.10.8. If personnel are found not to be compliant with the personnel requirements, we will replace any such personnel with personnel that meet the requirements.



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR BEST AND FINAL OFFER (BAFO)  
FOR REQUEST FOR PROPOSAL (RFP)

ORIGINAL

BAFO REQUEST NO.: 001  
SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 09/27/16

REQ NO.: NR 300 300700001  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: Julie.Kleffner@oa.mo.gov

BAFO RESPONSE SHOULD BE RETURNED BY: October 4, 2016 AT 5:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Sealed BAFOs should be in Division of Purchasing office (301 W High Street, Room 630) by the return date and time.

RETURN BAFO RESPONSE TO: (U.S. Mail) PURCHASING  
PO BOX 809  
JEFFERSON CITY MO 65102-0809  
or (Courier Service) PURCHASING  
301 WEST HIGH STREET, RM 630  
JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract Through June 30, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration  
Commissioner's Office of Administration  
State Capitol Building, Room 125  
Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests. The vendor agrees that the language of the original RFP as modified by any previously issued RFP addendums and by this and any previously issued BAFO requests shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri.

SIGNATURE REQUIRED

VENDOR NAME		MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)	
The L.I.G.H.T. House, Inc.		94162	
MAILING ADDRESS			
P. O. Box 22553			
CITY, STATE, ZIP CODE			
Kansas City, MO 64113			
CONTACT PERSON		EMAIL ADDRESS	
Russell L. Martin		RussellM.Lighthouse@MBCH.org	
PHONE NUMBER		FAX NUMBER	
816-361-2233		816-361-8333	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)			
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE		DATE	
		September 28, 2016	
PRINTED NAME		TITLE	
Russell L. Martin		President	

PRICING PAGE, continuedPricing Table Revised by Addendum #1

Line Item	Geographic Region	Original Contract Period Maximum Annual Total Price (based upon a 12-month period)	Minimum Annual Total Price Required to Provide Services (based upon a 12-month period)	Non-Residential Services, Price Per Client, Per Month	Residential Care Services, Price Per Client, Per Month
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5	5	\$ _____	\$ _____	\$ _____	\$ _____
6	6	\$ _____	\$ _____	\$ _____	\$ _____
7	7	\$ _____	\$ _____	\$ _____	\$ _____
8	8	\$ _____	\$ _____	\$ _____	\$ _____
9	9	\$ _____	\$ _____	\$ _____	\$ _____

- Provide a description of the company's economic presence within the State of Missouri (e.g., type of facilities: sales offices; sales outlets; divisions; manufacturing; warehouse; other), including Missouri employee statistics.

**Item Inserted by Addendum #1 and Revised by BAFO #001**

15. For each geographic region proposed, the vendor should indicate the estimated number of clients the vendor anticipates serving annually for non-residential services and residential care services. Additionally, the vendor should explain how the estimated number was determined.

GEOGRAPHIC REGION	ESTIMATED ANNUAL NUMBER OF NON-RESIDENTIAL CLIENTS TO BE SERVED	ESTIMATED ANNUAL NUMBER OF RESIDENTIAL CARE CLIENTS TO BE SERVED
1		
2		
3	20	12
4		
5		
6		
7		
8		
9		

*Numbers are based on actual number of clients served during prior year.*

COPY



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR BEST AND FINAL OFFER (BAFO)  
FOR REQUEST FOR PROPOSAL (RFP)

BAFO REQUEST NO.: 001  
SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 09/27/16

REQ NO.: NR 300 300700001  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: Julie.Kleffner@oa.mo.gov

BAFO RESPONSE SHOULD BE RETURNED BY: October 4, 2016 AT 5:00 PM CENTRAL TIME

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PO BOX 809  
JEFFERSON CITY MO 65102-0809  
or (Courier Service) PURCHASING  
301 WEST HIGH STREET, RM 630  
JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract Through June 30, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration  
Commissioner's Office of Administration  
State Capitol Building, Room 125  
Jefferson City MO 65101

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SIGNATURE REQUIRED

VENDOR NAME		MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)	
The L.I.G.H.T. House, Inc.		94162	
MAILING ADDRESS			
P. O. Box 22553			
CITY, STATE, ZIP CODE			
Kansas City, MO 64113			
CONTACT PERSON		EMAIL ADDRESS	
Russell L. Martin		RussellM.Lighthouse@MBCH.org	
PHONE NUMBER		FAX NUMBER	
816-361-2233		816-361-8333	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)			
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE		DATE	
		September 28, 2016	
PRINTED NAME		TITLE	
Russell L. Martin		President	



PRICING PAGE, continuedPricing Table Revised by Addendum #1

Line Item	Geographic Region	Original Contract Period Maximum Annual Total Price (based upon a 12-month period)	Minimum Annual Total Price Required to Provide Services (based upon a 12-month period)	Non-Residential Services, Price Per Client, Per Month	Residential Care Services, Price Per Client, Per Month
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5	5	\$ _____	\$ _____	\$ _____	\$ _____
6	6	\$ _____	\$ _____	\$ _____	\$ _____
7	7	\$ _____	\$ _____	\$ _____	\$ _____
8	8	\$ _____	\$ _____	\$ _____	\$ _____
9	9	\$ _____	\$ _____	\$ _____	\$ _____

- Provide a description of the company's economic presence within the State of Missouri (e.g., type of facilities: sales offices; sales outlets; divisions; manufacturing; warehouse; other), including Missouri employee statistics.

**Item Inserted by Addendum #1 and Revised by BAFO #001**

15. For each geographic region proposed, the vendor should indicate the estimated number of clients the vendor anticipates serving annually for non-residential services and residential care services. Additionally, the vendor should explain how the estimated number was determined.

GEOGRAPHIC REGION	ESTIMATED ANNUAL NUMBER OF NON-RESIDENTIAL CLIENTS TO BE SERVED	ESTIMATED ANNUAL NUMBER OF RESIDENTIAL CARE CLIENTS TO BE SERVED
1		
2		
3	20	12
4		
5		
6		
7		
8		
9		

*Numbers are based on actual number of clients served during prior year.*

## Kleffner, Julie

---

**From:** Russell Martin <Russell.Martin@mbch.org>  
**Sent:** Tuesday, October 18, 2016 9:56 AM  
**To:** Kleffner, Julie  
**Subject:** RE: A2A BAFO 2 - time dated response

Receipt confirmed.

Julie, let me know if the email address that you are using that does not deliver the message is [RussellM.Lighthouse@MBCH.org](mailto:RussellM.Lighthouse@MBCH.org). I will need to have our IT department see what is going on, if that be the case.

Thanks.

---

**From:** Kleffner, Julie [<mailto:Julie.Kleffner@oa.mo.gov>]  
**Sent:** Tuesday, October 18, 2016 9:37 AM  
**To:** Russell Martin  
**Subject:** FW: A2A BAFO 2 - time dated response  
**Importance:** High

This message was sent to the e-mail address you provided in your response; however, it was returned as undeliverable.

Please confirm receipt.

Thank you

Julie Kleffner, CPPB  
Division of Purchasing  
Harry S Truman Bldg, Room 630  
Post Office Box 809  
Jefferson City MO 65102-0809  
Phone: 573-751-7656  
Fax: 573-526-9816

---

**From:** Kleffner, Julie  
**Sent:** Tuesday, October 18, 2016 9:29 AM  
**To:** 'julieb.lighthouse@mbch.org'  
**Subject:** A2A BAFO 2 - time dated response  
**Importance:** High

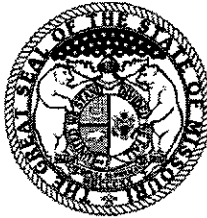
Attached is a request for a Best and Final Offer (BAFO) request for RFPS30034901700042 for Alternatives to Abortion Program Services.

This email includes two attachments.

**Please notify me by return email** confirming that you received this email and that you were able to open the attachments.

Note: Your Best and Final Offer Response is requested by October 25, 2016.

Jeremiah W. (Jay) Nixon  
Governor



Doug Nelson  
Commissioner

State of Missouri  
**OFFICE OF ADMINISTRATION**  
Division of Purchasing  
301 West High Street, Room 630  
Post Office Box 809  
Jefferson City, Missouri 65102-0809  
(573) 751-2387 Fax: (573) 526-9816  
TTD: (800) 735-2966 Voice: (800) 735-2466  
<http://oa.mo.gov/purchasing>

Karen S. Boeger  
Director

October 18, 2016

Julie Ball  
The L.I.G.H.T. House, Inc.  
Post Office Box 22553  
Independence MO 64113

*Via e-mail: [julieb.lighthouse@mbch.org](mailto:julieb.lighthouse@mbch.org)*

Dear Ms. Ball:

Best and Final Offer (BAFO) #001 request for Alternatives to Abortion Program Services was issued on September 27, 2016. On September 29, 2016, an e-mail was issued by Jason Kolks advising The L.I.G.H.T. House, Inc. the BAFO #001 request for RFPS30034901700042 was indefinitely extended. With the exception to the revisions to RFPS30034901700042, BAFO #001 is hereby cancelled in its entirety.

In accordance with paragraph 3.2 of RFPS30034901700042, this letter shall constitute a second official request by the State of Missouri to enter into competitive negotiations with your company. Included with this letter are two (2) attachments.

One attachment is a new complete copy of the RFP that includes changes to the RFP as a result of the BAFO #001 request as well as additional changes to the RFP as a result of BAFO #002 request.

The RFP includes Best and Final Offer #002 (BAFO #002) as the cover page. Be sure to have an authorized representative of your organization complete and sign the BAFO #001 and BAFO #002 cover pages and return with your BAFO response.

Another attachment is the BAFO #002 Request List which supersedes the BAFO Request List issued with BAFO #001. The BAFO #002 Request List includes a list of areas identified in your proposal as concerns, areas requiring clarifications, and areas of deficiency, which may not comply with the requirements of the RFP. The list also includes a request for specific responses to identified RFP paragraphs.

In your response to BAFO #002, you may make any modification, addition, or deletion deemed necessary to your proposal. However, it is not necessary for you to resubmit your entire proposal. Only the signed BAFO #002 Forms, any response to the BAFO #002 Request List, and any portions of your proposal that are being revised as a result of this request for a Best and Final Offer need to be submitted.

Furthermore, please understand that your response to this BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best offer, including a reduction or other change to pricing. Also, ensure your response to this BAFO request addresses the latest version of each paragraph/exhibit of the RFP.

You are requested to respond to this BAFO request by submitting a written, sealed "Best and Final Offer" BY 5:00 PM CENTRAL TIME ON October 25, 2016 to:

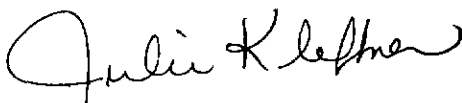
Attention: Julie Kleffner  
Division of Purchasing  
301 West High Street, Truman Building, Room 630  
Jefferson City, MO 65101

The outside of the packet containing the BAFO response needs to state, "BAFO for RFP30034901700042" on the lower left corner. Please include the original plus three (3) copies (for a total of four (4) documents) of your response. Faxed or e-mailed responses are not acceptable.

You are reminded that pursuant to section 610.021, RSMo, proposal documents including any best and final offer documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc. to me, as the buyer of record. Neither you nor your agents may contact any other state employee regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal or BAFO are grounds for suspension and/or exclusion from specific procurements.

If you have any questions regarding this BAFO request, please contact me at (573) 751-7656 or e-mail me at Julie.Kleffner@oa.mo.gov.

Sincerely,



Julie Kleffner

c: Evaluation Team  
RFP30034901700042

Attachments: Best and Final Offer Request List  
RFP including BAFO form

**THE L.I.G.H.T. HOUSE, INC.**

**BEST AND FINAL OFFER REQUEST LIST**

**BAFO NO. 002 FOR RFP RFPS30034901700042**

**1. IDENTIFIED DEFICIENCIES AND AREAS OF CONCERN/CLARIFICATION:**

- 1.1 The Pricing Page of the RFP instructed the vendor to complete the table on the Pricing Page for each region proposed. Paragraph 4.1.4 of the RFP states, "Non-Residential Services, Price Per Client Per Month – The vendor shall provide a price per client, per month for providing all services to clients in a non-residential setting, including assistance provided for emergency shelter housing/housing in accordance with the provisions and requirements herein. *NOTE: In the event the vendor will provide the client with a non-residential care referral, the vendor is still required to submit a price per client, per month*".

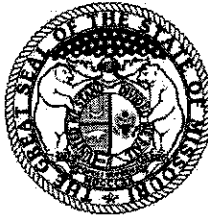
The L.I.G.H.T. House, Inc. failed to provide a price per client, per month for Non-Residential Services for Geographic Region 3.

In order to be compliant, The L.I.G.H.T. House, Inc. must provide a price per client, per month for Non-Residential Services for Geographic Region 3 with the BAFO response.

**2. VENDOR RESPONSE TO CHANGED REQUIREMENTS:** Requirements of the RFP have been revised by BAFO #001 and BAFO #002. By signing the cover page of the BAFO #001 and #002 request, the vendor indicates acceptance and compliance with all revisions therein.

- 2.1 Specifically, paragraph 2.10.8 inserted personnel requirements. With the BAFO request, The L.I.G.H.T. House, Inc. is requested to indicate understanding and agreement with the inserted requirements.

Jeremiah W. (Jay) Nixon  
Governor



Doug Nelson  
Commissioner

State of Missouri  
**OFFICE OF ADMINISTRATION**  
Division of Purchasing  
301 West High Street, Room 630  
Post Office Box 809  
Jefferson City, Missouri 65102-0809  
(573) 751-2387 Fax: (573) 526-9816  
TTD: (800) 735-2966 Voice: (800) 735-2466  
<http://oa.mo.gov/purchasing>

Karen S. Boeger  
Director

September 27, 2016

Julie Ball  
The L.I.G.H.T. House, Inc.  
Post Office Box 22553  
Independence MO 64113

*Via e-mail: [julieb.lighthouse@mbch.org](mailto:julieb.lighthouse@mbch.org)*

Dear Ms. Ball:

In accordance with paragraph 3.2 of RFP530034901700042 for Alternative to Abortion Program Services, this letter shall constitute an official request by the State of Missouri to enter into competitive negotiations with The L.I.G.H.T. House, Inc. Included with this letter are two attachments.

One attachment is a complete copy of the RFP, including revisions to the RFP. The cover page of the attached RFP is the Best and Final Offer #001 form. This BAFO #001 form must be completed, signed by an authorized representative of your organization, and returned with your BAFO response. Signing the BAFO #001 form confirms your understanding and agreement to comply with the provisions and requirements of the RFP as modified by any previously issued RFP amendments by this request for a BAFO.

Another attachment is the Best and Final Offer (BAFO) Request List which identifies areas of concern with your proposal, areas of your proposal needing clarification, and areas of deficiency which may not comply with the requirements of the RFP. However, please understand that the State of Missouri is under no obligation to advise you of any or all of these areas and makes no claim related thereto. The list also includes a request for specific responses to identified RFP paragraphs.

In your response to this Best and Final Offer, you may make any modification, addition, or deletion deemed necessary to your proposal. However, please be advised that it is not necessary for you to resubmit your entire proposal. Only the signed BAFO #001 form, your response to the BAFO Request List, and any portions of your proposal that are being revised as a result of this request for a Best and Final Offer need be submitted. Your BAFO response is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best offer, including a reduction or other change to pricing.

You are requested to respond to this request for a BAFO by submitting a written, sealed "Best and Final Offer" by **5:00 p.m. Central Time on October 4, 2016** to:

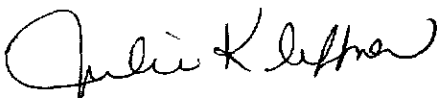
Attention: Julie Kleffner  
Division of Purchasing  
301 West High Street, Truman Building, Room 630  
Jefferson City, MO 65101-1517

The outside of the packet containing the BAFO response needs to state, "BAFO for RFP30034901700042" on the lower left corner. Please include the **original plus five (5) copies (for a total of six (6) documents)** of your response. In addition, the offeror should provide one (1) copy of the response in a Microsoft compatible format on a CD(s) or flash drive. Faxed or e-mailed responses are not acceptable.

You are reminded that pursuant to section 610.021, RSMo, proposal documents including any best and final offer documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc. to me, as the buyer of record. Neither you nor your agents may contact any other state employee regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal or BAFO are grounds for suspension and/or exclusion from specific procurements.

If you have any questions regarding this BAFO request, please contact me at (573) 751-7656 or e-mail me at [julie.kleffner@oa.mo.gov](mailto:julie.kleffner@oa.mo.gov). Your efforts in working with the State of Missouri to ensure a thorough evaluation of your proposal are sincerely appreciated.

Sincerely,



Julie Kleffner

c: Evaluation Team  
RFP30034901700042

Attachments: Best and Final Offer Request List  
RFP including BAFO #001 form



**THE L.I.G.H.T. HOUSE, INC.**

**BEST AND FINAL OFFER REQUEST LIST**

**BAFO NO. 001 FOR RFP RFPS30034901700042**

**1. IDENTIFIED DEFICIENCIES AND AREAS OF CONCERN/CLARIFICATION:**

- 1.1 The Pricing Page of the RFP instructed the vendor to complete the table on the Pricing Page for each region proposed. Paragraph 4.1.4 of the RFP states, "Non-Residential Services, Price Per Client Per Month – The vendor shall provide a price per client, per month for providing all services to clients in a non-residential setting, including assistance provided for emergency shelter housing/housing in accordance with the provisions and requirements herein".

The L.I.G.H.T. House, Inc. failed to provide a price per client, per month for Non-Residential Services for Geographic Region 3.

In order to be compliant, The L.I.G.H.T. House, Inc. must provide a price per client, per month for Non-Residential Services for Geographic Region 3 with the BAFO response.

**2. VENDOR RESPONSE TO CHANGED REQUIREMENTS:** Requirements of the RFP have been revised by BAFO #001. By signing the cover page of the BAFO request, the vendor indicates acceptance and compliance with all revisions therein.

- 2.1 Specifically, paragraph 2.10.8 inserted personnel requirements. With the BAFO request, The L.I.G.H.T. House, Inc. is requested to indicate understanding and agreement with the inserted requirements.



**THE  
LIGHT  
HOUSE**

P.O. Box 22553  
Kansas City, MO 64113  
Phone: 816.361.2233  
www.lighthousekc.org

24/7 Hope Line  
816.916.4434

August 25, 2016

**Purchasing**  
301 West High Street, Room 630  
Jefferson City, MO 65101-1517

**Re: RFPS30034901700042**  
**Alternatives to Abortion**

Attn: Julie Kleffner

Dear Ms. Kleffner:

Enclosed please find the signed addendums to the subject RFP to accompany our response that was previously submitted.

Please advise if additional information is needed.

Sincerely,

Russell L. Martin  
President

Enclosures

An Affiliate of



**MBCH**  
**CHILDREN & FAMILY MINISTRIES**



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR PROPOSAL (RFP)

ADDENDUM NO.: 1

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042

TITLE: Alternatives to Abortion Program Services

ISSUE DATE: 08/11/16

REQ NO.: NR 300 300700001

BUYER: Julie.kleffner@oa.mo.gov

PHONE NO.: (573) 751-7656

E-MAIL: Julie.Kleffner@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: August 26, 2016 AT 2:00 PM CENTRAL TIME (END DATE)

VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH [HTTPS://MISSOURIBUYS.MO.GOV](https://missouribuy.mo.gov) BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)

MAILING INSTRUCTIONS: Print or type Solicitation/OPP Number and End Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in the Purchasing office (301 W High Street, Room 630) by the return date and time.

RETURN PROPOSAL AND ADDENDUM(S) TO:

(U.S. Mail)

PURCHASING

PO BOX 809

JEFFERSON CITY MO 65102-0809

or

(Courier Service)

PURCHASING

301 WEST HIGH STREET, ROOM 630

JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract Through May 31, 2017

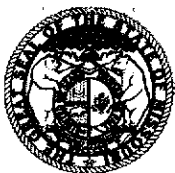
DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration  
Commissioner's Office of Administration  
State Capitol Building, Room 125  
Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by this and any previously issued RFP addendums. The vendor should, as a matter of clarity and assurance, also sign and return all previously issued RFP addendum(s) and the original RFP document. The vendor agrees that the language of the original RFP as modified by this and any previously issued RFP addendums shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri. The vendor shall understand and agree that in order for their proposal to be considered for evaluation, they must be registered in MissouriBUYS. If not registered at time of proposal opening, the vendor must register in MissouriBUYS upon request by the state immediately after proposal opening.

SIGNATURE REQUIRED

VENDOR NAME <i>The L.I.G.H.T. Drive, Inc</i>		MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN) <i>94162</i>	
MAILING ADDRESS <i>P O Box 22553</i>			
CITY, STATE, ZIP CODE <i>Kansas City, Mo 64113</i>			
CONTACT PERSON <i>Russell L Martin</i>		EMAIL ADDRESS <i>Russell.M.Lighthart@MRC4</i>	
PHONE NUMBER <i>816-361-2233</i>		FAX NUMBER	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE <i>[Signature]</i>		DATE <i>08/25/2016</i>	
PRINTED NAME <i>Russell L Martin</i>		TITLE <i>President</i>	



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR PROPOSAL (RFP)

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 07/15/16

REQ NO.: NR 300 30007000001  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: Julie.Kleffner@oa.mo.gov

The year for the return proposal corrected by Addendum #1

RETURN PROPOSAL NO LATER THAN: August 26, 2016 AT 2:00 PM CENTRAL TIME (END DATE)

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	(U.S. Mail)		(Courier Service)
RETURN PROPOSAL TO:	PURCHASING	or	PURCHASING
	PO BOX 809		301 WEST HIGH STREET, RM 630
	JEFFERSON CITY MO 65102-0809		JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract through May 31, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

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Commissioner's Office  
State Capitol Building, Room 125  
Jefferson City MO 65101

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SIGNATURE REQUIRED

VENDOR NAME <i>The L.I.G.H.T. House, Inc</i>		MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN) <i>94162</i>	
MAILING ADDRESS <i>PO Box 22553</i>			
CITY, STATE, ZIP CODE <i>Kansas City, MO 64113</i>			
CONTACT PERSON <i>Russell L Martin</i>		EMAIL ADDRESS <i>Russell.M.Lighthouse@MBCH.org</i>	
PHONE NUMBER <i>816-361-2233</i>		FAX NUMBER	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE <i>[Signature]</i>		DATE <i>08/25/2016</i>	
PRINTED NAME <i>Russell L Martin</i>		TITLE <i>President</i>	

The LIGHT House  
PO Box 22555  
KC MO 64113

Purdorff  
301 West High Str  
Jefferson City, Mo

DPMN 26 AUG '16 AM8:31

RFPS 30034901760042  
August 26, 2016

# Alternatives to Abortion

RFP53003490160042

## CHECKLIST

Vendor Name: Light House

Proposal Security Deposit: NA

Reciprocal Preference Apply: ☐ Yes ☒ No

Cover Page of Last Amendment Signed and Returned: ☐ Yes ☒ No

Compliance with Section 188.325, Exhibit A: ☒ Yes ☐ No

Exemption for Income Tax, Exhibit C: ☒ Yes ☐ No

MBE/WBE Participation, Exhibit I: ☐ Yes ☐ No

Organization for the Blind/Sheltered Workshop Participation, Exhibit I: ☐ Yes ☒ No

Service Disabled Veteran Preference, Exhibit I: ☐ Yes ☒ No

Business Entity Certification (E-Verify), Exhibit K: ☐ Yes ☒ No

Federal Debarment, Exhibit L signed and returned: ☒ Yes ☐ No Website Screen Print complete: ☐ Yes ☐ No

Federal Website Website verified: ☒

Purchasing Suspension List: ☐ Yes ☒ No

FMDC Suspension List: NA

Executive Order 04-09 (Outside US), Exhibit M: ☐ Yes ☒ No

Employee/Conflict of Interest, Exhibit M: ☐ Yes ☒ No

SOS Registration, Exhibit M: ☒ Yes ☐ No Website Screen Print complete: ☐ Yes ☐ No

RSMO 34.040.6 compliant: ☒ Yes ☐ No

Registered in MissouriBUYS: ☒ Approved ☐ Pending ☐ Need to Register

ORIGINAL



THE  
LIGHT  
HOUSE

August 16, 2016

P.O. Box 22553  
Kansas City, MO 64113  
Phone: 816.361.2233  
[www.lighthousekc.org](http://www.lighthousekc.org)

24/7 Hope Line  
816.916.4434

Office of Administration  
Commissioner's Office  
State Capitol Building, Room 125  
Jefferson City MO 65101

Re: RFPS30034901700042  
Alternatives to Abortion

Dear Ms. Kleffner:

Thank you for the opportunity to present our response to the Alternatives to Abortion contract request for proposal for services through May 31, 2017.

Please feel free to contact Julie Ball at [julieb.lighthouse@mbch.org](mailto:julieb.lighthouse@mbch.org) if you have any questions or need additional information.

Sincerely,

A handwritten signature in black ink, appearing to read 'Russell L. Martin'.

Russell L. Martin  
President

An Affiliate of



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STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR PROPOSAL (RFP)

ADDENDUM NO.: 1  
SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 08/11/16

REQ NO.: NR 300 300700001  
BUYER: Julie.kleffner@oa.mo.gov  
PHONE NO.: (573) 751-7656  
E-MAIL: Julie.Kleffner@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: August 26, 2016 AT 2:00 PM CENTRAL TIME (END DATE)

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(Courier Service)  
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JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract Through May 31, 2017.

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The L.I.G.H.T. House, Inc.		94162	
MAILING ADDRESS			
P. O. Box 22553			
CITY, STATE, ZIP CODE			
Kansas City, MO 64113			
CONTACT PERSON		EMAIL ADDRESS	
Russell L. Martin		RussellM.Lighthouse@MBCH.org	
PHONE NUMBER		FAX NUMBER	
816-361-2233			
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)			
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AUTHORIZED SIGNATURE		DATE	
		August 12, 2016	
PRINTED NAME		TITLE	
Russell L. Martin		President and Treasurer	

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STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR PROPOSAL (RFP)

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700042  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 07/15/16

REQ NO.: NR 300 30007000001  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: Julie.Kleffner@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: August 26, 202016 AT 2:00 PM CENTRAL TIME (END DATE)

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[HTTPS://MISSOURIBUYS.MO.GOV](https://missouribuy.mo.gov) BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)

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State Capitol Building, Room 125  
Jefferson City MO 65101

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The L.I.G.H.T. House, Inc.	94162
MAILING ADDRESS	
P. O. Box 22553	
CITY, STATE, ZIP CODE	
Kansas City, MO 64113	

CONTACT PERSON	EMAIL ADDRESS
Russell L. Martin	RussellM.Lighthouse@MBCH.org
PHONE NUMBER	FAX NUMBER
816-361-2233	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)	
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AUTHORIZED SIGNATURE	DATE
	August 12, 2016
PRINTED NAME	TITLE
Russell L. Martin	President and Treasurer

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## TABLE OF CONTENTS

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  - Exhibit A
2. Cost
  - Pricing Page
3. Vendor's Experience and Reliability and Expertise of Personnel
  - Exhibit B
  - Exhibit C
  - Exhibit D
  - Exhibit E
4. Proposed Method of Performance
  - Exhibit F
  - Exhibit G
  - Exhibit H
5. Not Applicable
  - Exhibit I
  - Exhibit J
6. Miscellaneous Information
  - Exhibit K
  - Exhibit L
  - Exhibit M

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EXHIBIT A


CERTIFICATION REGARDING COMPLIANCE WITH SECTION 188.325, RSMO

*Regarding performing, inducing, or assisting in the performing or inducing of or referring for abortions*

The vendor certifies, by submission of the proposal and by signing below, that the vendor is not an organization, or an affiliate of organizations, that "perform or induce, assist in the performing or inducing of or refer for abortions".

Russell L. Martin, President and Treasurer

\_\_\_\_\_  
Name and Title of Authorized Representative

  
\_\_\_\_\_  
Signature

August 12, 2016

\_\_\_\_\_  
Date

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PRICING PAGE, continued

Pricing Table Revised by Addendum #1

Line Item	Geographic Region	Original Contract Period Maximum Annual Total Price (based upon a 12-month period)	Minimum Annual Total Price Required to Provide Services (based upon a 12-month period)	Non-Residential Services, Price Per Client, Per Month	Residential Care Services, Price Per Client, Per Month
1	1	\$ _____	\$ _____	\$ _____	\$ _____
2	2	\$ _____	\$ _____	\$ _____	\$ _____
3	3	\$ <u>180,000</u>	\$ _____	\$ _____	\$ <u>\$3,000</u>
4	4	\$ _____	\$ _____	\$ _____	\$ _____
5	5	\$ _____	\$ _____	\$ _____	\$ _____
6	6	\$ _____	\$ _____	\$ _____	\$ _____
7	7	\$ _____	\$ _____	\$ _____	\$ _____
8	8	\$ _____	\$ _____	\$ _____	\$ _____
9	9	\$ _____	\$ _____	\$ _____	\$ _____

Refer to BAFD

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**EXHIBIT B**

**VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.

The LIGHT House was founded in Kansas City, Missouri in 1985. We have continuously provided services for women experiencing unplanned pregnancy for over 30 years. All those we serve have chosen LIFE for their unborn baby.

2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.

The LIGHT House provides programing in the following three areas:

Our **Maternity Home** is licensed by the Missouri Department of Social Services Children's Division. Originally located in the former convent at Meyer and Paseo, the maternity home was moved to a restored 1920's house in midtown Kansas City, Missouri in the mid 1990's. Currently we are licensed to provide 365/24/7 residential services for a maximum of 14 clients (mothers and children). Our maternity home accommodates young ladies who choose to parent their child as well as those who have chosen adoption for their unborn baby. The maternity home has six private bedrooms available to house the mothers and any children they have newborn through the age of three.

The maternity home program offers all-inclusive care at no charge to the client. All clients have access to prenatal care and our nurse is available 365/24/7 to respond to any medical questions. Every client we serve has access to transportation, parenting skills classes, case management and therapy services. Additionally, every client is referred to job training and placement services, education services and all clients are given life skills, including but not limited to: paying bills, budgeting, cooking, cleaning, financial and home organization. These skills trainings are provided to empower clients to be able to provide for their families in the future. The LIGHT House promotes responsible paternity and allows for involved fathers to access education services as well.

Maternity home clients attend our outreach class weekly, there they receive training, including, but not limited to: safe sleep, breastfeeding, the importance of taking folic acid, impact of substance use during pregnancy, the importance of prenatal care, immunizations, shaken baby syndrome, car seat safety and nutrition and healthy eating.

Our **Outreach Program** and baby boutique are located in the administrative offices at our satellite location. Our outreach program meets weekly and includes parenting education on a variety of topics. The mothers earn "points" for participation which are used for shopping in our baby boutique. The boutique is stocked with donated items such as formula, diapers, clothing, toiletries and various furnishings.

Our **Adoption Agency** is licensed by the Missouri Department of Social Services Children's Division. Our adoption agency is operated out of our administrative offices located at 400 West Meyer Boulevard in Kansas City, Missouri. While the majority of

adoptive couples are from the Kansas City metro area, we work with prospective adoptive families throughout the country. Our adoption agency works with birth mothers who deliver their children in the state of Missouri. These birth mothers may either be housed in the maternity home or in the community.

Our website: [www.lighthousekc.org](http://www.lighthousekc.org)

3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

N/A

3. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.

Over the last two years we have received A2A funding, to include any excess funding made available by the state.

5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes Identify specific information about experience:	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	Our outreach program provides education to those currently residing in their own homes and in the maternity home as listed in Exhibit B #2.  Additionally, skills are provided to maternity home residents as listed in Exhibit B #2 in order to provide them with the skills necessary to obtain housing and reside independently.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	The LIGHT House clients receive support related to job skill training and formal education. Additionally, we provide education on healthy relationships and boundaries.
Preventing and reducing the incidence of out-of-wedlock pregnancies and establishing annual numerical goals for preventing and reducing the incidence of these pregnancies	
Encouraging the formation and maintenance of two-parent families	Clients receive education related to healthy relationships and sexuality within the confines of relationships established under biblical principles

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.

The LIGHT House is a 501(c)(3) nonprofit organization. Governed by a board which currently consists of six board members. The agency is managed by the program director, who reports

directly to the president. The LIGHT House is an affiliate under the MBCH Children and Family Ministries.

7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

A former employee filed an EEOC complaint in Fall, 2010, claiming discrimination based upon gender and religion. The case was settled for an undisclosed amount in 2015. The LIGHT House did not admit any liability.

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EXHIBIT C

CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Russell L. Martin, President and Treasurer

\_\_\_\_\_  
Name and Title of Authorized Representative

  
\_\_\_\_\_  
Signature

August 12, 2016

\_\_\_\_\_  
Date

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**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and any subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name: The LIGHT House</b> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Commissioner's Office, Office of Administration
Address of Reference Company/Client:	State Capitol Building, Room 125, Jefferson City, MO 65101
Reference Contact Person Name, Phone #, and E-mail Address:	Emily Kraft, Phone: (573) 751-8502, <a href="mailto:Emily.Kraft@oa.mo.gov">Emily.Kraft@oa.mo.gov</a>
Title/Name of Service/Contract	Alternatives to Abortion Program
Dates of Service/Contract:	Amended Contract Period July 1, 2015 through June 30, 2016
If service/contract has terminated, specify reason:	
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	8 individuals served between July 1, 2015 and March 1, 2016
Size of Service/Contract (in terms of vendor's total amount of business)	Approximately 18% of the annual revenue
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	As described throughout the immediate RFP
Personnel Assigned to Service/Contract (include position title):	Julie Ball, Program Director

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**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name: The LIGHT House</b> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Missouri Department of Social Services- Children's Division
Address of Reference Company/Client:	205 Jefferson Street, Jefferson City, MO 65103
Reference Contact Person Name, Phone #, and E-mail Address:	Stephanie Beck, 816-225-1274, <a href="mailto:Stephanie.M.Beck@dss.mo.gov">Stephanie.M.Beck@dss.mo.gov</a>
Title/Name of Service/Contract	State Licensing for Residential Facility and Child Placing Agency
Dates of Service/Contract:	04/16/15-04/15/17 (and previous years)
If service/contract has terminated, specify reason:	
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	20 individuals served in 2015
Size of Service/Contract (in terms of vendor's total amount of business)	No revenue involved
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	As described throughout the immediate RFP
Personnel Assigned to Service/Contract (include position title):	Julie Ball, Program Director

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**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Identify the geographic region(s) the proposed key personnel will provide service in.)

<b>Title of Position: Contract Representative</b> <b>Geographic Region(s): 3</b>	
<b>Name of Person:</b>	Julie Ball, LMSW
Educational Degree (s): include college or university, major, and dates	Masters of Social Work, 2005 University of Kansas, Lawrence, Kansas  Bachelor of Science in Social Work, 2002 Kansas State University, Manhattan, Kansas
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Licensed Master Social Worker, License Number: 2012016966, Expiration: 9/30/17
Specialized Training Completed.	<u>CLINICAL TRAINING</u> • Psychodrama (200+ hours) • Sand Tray (100+ hours) • Play Therapy (100+ hours) • Thera-Play (50+ hours) • Dyslexia Specialist
# of years' experience in area of service proposed to provide:	10+ years in residential services for women and children
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee since 2012
Describe this person's responsibilities over the past 12 months.	See attached resume
Previous employer(s), positions, and dates	See attached resume
Identify specific information about experience in:	See attached resume
✓ Early childhood development	
✓ Family/marital counseling	
✓ Social work	
✓ Case management	
✓ Program administration	

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**Julie Marie Ball, LMSW**  
7566 WALNUT  
KANSAS CITY, MISSOURI  
CELL: (913) 669-7683  
JulieB.lighthouse@mbch.org

### **EDUCATION**

#### **Masters of Social Work, May 2005**

University of Kansas, Lawrence, Kansas  
Graduated with Honors  
Clinical Emphasis: Children and Families  
Licensed in the state of Missouri (active)  
Licensed in the state of Kansas (inactive but eligible for renewal)

#### **Bachelor of Science in Social Work, August 2002**

Kansas State University, Manhattan, Kansas

### **EXPERIENCE**

#### **Program Director, February 2012 to current**

##### **The LIGHT House/Missouri Baptist Children's Home, Kansas City, Missouri**

- The LIGHT House (since February 2012)
  - Supervise The LIGHT House residential maternity, outreach, and adoption programs
  - Ensure all licensing and funding requirements are met
  - Provide supervision to all program staff
  - Revise program components as necessary
  - Compile statistics and submit required reports
  - Help manage budget and program spending
- MBCH- Children and Family Ministries Family Foster Care Program (November 2014- June 2016)
  - Manage and oversee Foster Care caseload of 42
  - Revise program components as necessary
  - Compile statistics and submit required reports
  - Help manage budget and program spending
  - Conducted home visits and prepare home studies as needed (February 2014-November 2014)

#### **NICU Family Support Specialist, February 2009 to November 2014**

##### **March of Dimes, Overland Park, Kansas**

- Advocate for and support NICU families
- Manage direct activities provided
- Manage budget for the NICU Family Support Program
- Compile statistics
- Volunteer recruitment, screening, training, management and retention
- Distribute March of Dimes materials to NICU families and NICU staff
- Act as a liaison between chapter staff, hospital staff and volunteers

#### **Shelter Director, July 2005 to February 2009**

##### **SAFEHOME, Inc, Overland Park, Kansas**

- Supervised shelter staff and volunteers
- Oversaw day-to-day functions of the shelter and shelter programs

- Compiled staff statistics and outcome measurements
- Generated necessary grant reports and help facilitate grant spending
- Communicated with media as needed

**Adjunct Professor, August 2006 to August 2007**

**Penn Valley Community College, Kansas City, Missouri**

- Instructed Introduction to Human Services Courses
- Compiled and submitted semester grades
- Created semester syllabus

**Transitional Living Advocate, November 2002 to July 2005**

**SAFEHOME, Inc, Overland Park, Kansas**

- Advocated for battered women and their children
- Met with clients on a weekly basis to discuss current issues and concerns
- Compiled and turn in monthly statistics to the SAFEHOME Grant Writer
- Administered the distribution of checks for client's rental assistance.
- Facilitated weekly Domestic Violence Support Group

**Hotline Coordinator, August 2002 to November 2002**

**SAFEHOME, Inc., Overland Park, Kansas**

- Answered and assisted with hotline crisis calls and shelter residents
- Provided supervision for all Hotline Advocates and hotline volunteers
- Compiled and turned in monthly statistics to the SAFEHOME Grant Writer
- Participated in on-call rotation

**INTERNSHIPS AND VOLUNTEER WORK**

**Kansas City Public Schools~ May 2013 to Current**

- Hale Cook Principal Search Committee
- Hale Cook parent volunteer
- Executive Committee Member: Outreach Committee
- Hale Cook Missouri PTA Charter Member

**MSW~ Internship as an Outreach Therapist, May 2004 to May 2005**

**SAFEHOME, Inc., Overland Park, Kansas**

- Provided 20 hours/week of counseling to women, children and families.
- Psychosocial assessments
- Completed documentation, statistics and case notes

**BSW~ Internship as an Adoption Worker, May 2002 to August 2002**

**Temporary Lodging For Children, Olathe, Kansas**

- Prepared social histories
- Case management
- Prepared home studies

**Volunteer~ Sexual Assault Specialist, September 1998 to May 2002**

**Kansas State University, Manhattan, Kansas**

- Speakers bureau
- Volunteer trainer
- High school mentor
- Self-Defense instructor and program coordinator



## **ACHIEVEMENTS**

### **SPECIALIZED TRAINING**

Completed the Saxon Phonics training to become a Dyslexia Specialist July 2016  
Trained thorough the Fundamental Learning Center

### **CLINICAL TRAININGS**

- Psychodrama (200+ hours)
- Sand Tray (100+ hours)
- Play Therapy (100+ hours)
- Thera-Play (50+ hours)

### **AWARDS AND SELECTIONS**

- 2010 GRAVEN'S CONFERENCE ABSTRACT ORAL PRESENTER

Presented on "The Special Role of Grandparenting in the NICU: Addressing Generational Gaps Through Grandparent Education"

- 2011 MARCH OF DIMES LEADING PRACTICE AWARD  
Awarded for Grandparent Education Course

- 2012 GRAVEN'S CONFERENCE POSTER PRESENTER

Selected to present on "Committee Development and Organizing Parent Support in NICUs: Creating involved, appreciated and long lasting parent volunteers".

## **LICENSE INFORMATION**

### **MISSOURI:**

- Licensed in the state of Missouri, Division of Professional Registration
- Licensed Master Social Worker, License Number: 2012016966, Expiration: 9/30/17

### **KANSAS:**

- Licensed in the state of Kansas, Behavioral Sciences Regulatory Board
- Licensed Masters Social Worker, License Number: 6286, Expired: 6/30/2012- eligible for renewal

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**EXHIBIT E, continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 3</b>	
<b>Name of Person:</b>	Andrea McAdam
Educational Degree (s): include college or university, major, and dates	Bachelor of Science, Therapeutic Recreation, 2008 Northwest Missouri State University, Maryville, MO  Master of Art, Social Work, 2010 University of Missouri- Kansas City, Kansas City, MO
License(s)/Certification(s), #(s), expiration date(s), if applicable:	Licensed Master Social Worker, License Number: 201018729, Expiration: 9/30/16
Specialized Training Completed.	CPR, First Aid, Med Tech
# of years' experience in area of service proposed to provide:	6+ years in residential services for women and children
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee since 2010
Describe this person's responsibilities over the past 12 months.	See attached resume
Previous employer(s), positions, and dates	See attached resume
Identify specific information about experience in:	See attached resume
✓ Early childhood development	
✓ Family/marital counseling	
✓ Social work	
✓ Case management	
✓ Program administration	

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# ANDREA MCADAM

1125 NE 52<sup>nd</sup> Place ■ Kansas City, MO 64118 ■ Phone 816-507-0232  
■ Email: andream.lighthouse@mbch.org

**Dedicated professional with expertise** in helping families work together to create a more supportive home environment, achieve goals and serve diverse clientele. Excellent communicator, detail-oriented, and an independent worker, with motivational skills, high energy and passion.

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## Education

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**Bachelor of Science, Therapeutic Recreation**, Northwest Missouri State University, Maryville, MO Aug. 2008

**Master of Art, Social Work**, University of Missouri- Kansas City, Kansas City, MO May 2010

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## Experience

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**The LIGHT House — Kansas City, MO** Dec. 2010 to Present  
**Maternity Home Manager** Oct. 2013-  
**Present**

- Providing leadership, management, and supervision to 9 Residential House Parents
- Management of funds for the residential facility and resident activities
- Coordinating maintenance for the residential facility and automobiles
- Coordinating grocery and supply shopping for the residential facility
- Overseeing payroll for 9 Residential House Parents

**Case Manager of Residential Program** Dec. 2010 to Present

- Providing assessment, intake, and orientation for new residents
- Meeting weekly with each resident to aid in achieving goals in relation to treatment plan
- Communicating regularly with minor residents' parents to discuss residents' progress and support
- Creating weekly schedules of residents' appointments, classes, and activities
- Coordinating and leading weekly client review with multi-disciplinary team
- Providing resident follow-up for one year after discharge from residential program

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**Kansas City Center for Family & Organizational System — Kansas City, MO** Sept. 2010- Dec. 2010

**Part-time Research Data Entry**

- Enter research data related to Family Intake Interviews
- Data participants include unwed couples expecting a child or already having a newborn
- Data includes Bowen Theory elements of conflict, emotional distance, projection, and stressors

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**Healthy Families Counseling & Support — Kansas City, MO** Aug. 2009 to May 2010  
**Practicum Student for Therapeutic Support Services**

- Provided in-home case management services to children with mental health diagnoses, 2 preteens
- Co-facilitated 'Bravehearts' group, 3-5 men for 5 week sessions

**RFPS30034901700042**

- Participated in 'Loving Couples Loving Children' program and booster sessions

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**Kansas City Center for Family & Organizational System — Kansas City, MO**

**Aug 2009 to May 2010**

**Practicum Student**

- Met with couples of newborns or who are expecting for Family Intake Interview, 3 families
- Studied in-depth Bowen Theory via lectures, conferences, webcasts, and a video series

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**University of Missouri- Kansas City — Kansas City, MO**

**Dec 2008 to May 2010**

**Graduate Research Assistant**

- Researched and found articles on students and technology
- Researched and found articles on graduate social work programs with minorities
- Compared and contrasted MSW curriculums from different schools
- Researched and found articles on universal design in higher education
- Researched and found articles on disproportionality in foster care
- Completed office tasks, such as copying and filing

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**Liberty Public School District — Liberty, MO**

**Aug 2008 to May 2009**

**Practicum Student**

- Oversaw and supervised "Not In My House" 'Social Norming' Marketing Campaign, partnered with community agencies, created evaluation survey
- Organized and Chaired Spring Forum "Teen Pressures"
- Co-facilitated Girl's Empowerment Group, 8 weeks 5 high school girls
- Co-facilitated Grief and Loss Group, 8 weeks 5 high school students
- Co-facilitated Guys Group, 2/month throughout school year 10-15 guys
- Coordinated activities for Youth Friends
- Staffed Mini Teen Institute, small group of 6 high school students
- Staffed Girl Power!, small girl group of 8 middle school girls
- Author of Tax Levy grant for STEP program

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**Child Abuse Prevention Association — Independence, MO**

**May 2008 to August 2008**

**Internship as a Family Support Services Worker**

- Healthy Family Connections Program, in-home visitation program, served 2 families
  - Welcome Home Baby Program, hospital setting, served multiple new mothers each week
  - Parents and Children Together, helped manage children's group, ages 0-12
- 2. EDUCATION**
- Families of Children in Separation, co-lead children's group, ages 5-12

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**License and Certifications**

- Have current License Master Social Work
- Have current CPR and First Aid certification
- Have current Med Tech certification

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**Other**

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**EXHIBIT E, continued**

<b>Title of Position: Credentialed Case Manager</b> <b>Geographic Region(s): 3</b>	
<b>Name of Person:</b>	Dawn Shipman
Educational Degree (s): include college or university, major, and dates	Bachelor of Arts, Communication Studies University of Missouri- Kansas City, Kansas city Missouri  Master of Family Therapy Friends University, Lenexa Kansas
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years' experience in area of service proposed to provide:	10+ years in direct human service experience
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of The LIGHT House for over 6 years.
Describe this person's responsibilities over the past 12 months.	See attached resume
Previous employer(s), positions, and dates	See attached resume
Identify specific information about experience in:	See attached resume
✓ Early childhood development	
✓ Family/marital counseling	
✓ Social work	
✓ Case management	
✓ Program administration	

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**Contact Information**

Dawn R. Shipman  
413 West 34<sup>th</sup> Street Higginsville, MO 64037  
(816) 808- 8414  
[dawns.lighthouse@mbch.org](mailto:dawns.lighthouse@mbch.org)

Introduction: A June 2008 graduate from the Marriage and Family Therapy program at Friends University in Lenexa, KS.

**Current Work Experience:**

LIGHT House,

**Adoption Manager and Maternity Home Case Manager:** January 2011-Current

Complete all administrative tasks in relation to the adoption program  
Maintain adoption records and archive appropriately represent the LIGHT House at court hearings related to LIGHT House adoptions  
Provide training and support to adoptive families  
Supervision of Birth Parent Advocate  
Maintain statistics and reports as requested

**Case Manager for the LIGHT House:**

July 2016-Current

Provide assessment, intake, orientation, and welcome materials for new clients  
Manage Client treatment plans and client binders  
Coordinate weekly client review  
Confirm all passes and visits  
Ensure client grievances follow the agency procedure.

Pathways Community Healthcare, INC

**Enhanced Behavioral Specialist:**

Provide in home intensive case management to individuals (children/teens and families) with emotional disorders, drug/alcohol addiction. Modeling effective and appropriate communication and social skills. Assist individuals in reaching their treatment goals. Support individuals in activities of daily living in a therapeutic person centered environment.  
Assist in treatment planning.

Cornerstone Agency, Inc

**QDDP: Qualified Developmental Disabilities Professional:** July 2008-June 2010

Provide Oversight of all programs, medical, emotional needs are being met of the individuals the agency supports. Draft all monthly reports, Person Centered Plans and coordinate Care with the County Board Case Managers. Supervise Direct Care staff of 12-15 employees.

Lighthouse:

**Client Care Coordinator/Therapist**

September 2009-June 2009

Outreach Coordinator for the after care program. Therapist for Pregnant teens and their families.

Internship as a Marriage and Family student at CAPA (Child Abuse Prevention Assoc.) April 2007-June 2008

Previous

Work

Experience:

First Advantage Corporation

September 2004-Summer 2006

Legal Researcher: My duties included but were not limited to researching files pertaining to landlord/tenant cases, maintaining ten courts within Kansas and Missouri while maintaining a data base of risk management.

Children's Mercy Hospital

October 1996-July 2004

Administrative Assistant II: My duties included but were not limited to providing administrative support to Outreach coordinators and Program coordinators, supervising the volunteers that assisted at the Information Desk, handling and maintaining confidential personal information regarding volunteers and patients, providing the public with directions thru the hospital and general hospital information which was important in providing a excellent first impression of the hospital, coordinating volunteer activities within the hospital for the general public, maintaining the schedules of various physicians within the hospital, scheduling appointments, and updating insurance and demographic information as needed.

Higginsville Habilitation Center

August 1992-September 1996

Developmental Assistant: My duties included but were not limited to providing direct care to developmentally disabled individuals, providing community recreation and outdoor activities for developmentally disabled individuals, assisting developmentally disabled individuals with daily living skills, providing community recreation and outdoor activities for developmentally disabled individuals, assisting individuals with behavior management plans, providing individuals with meaningful and age appropriate activities. I was also a Certified Medication technician, in which I provided individuals with prescribed medication and basic life support skills.

Education:

August 2006-June 2008

Friends University

M.S. in Marriage and Family Therapy

University of Kansas City MO

January 2000-May 2003

Bachelor of Arts-Communication Studies

William Jewel College

August 1996-December 1999

Paralegal Certificate

**EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position: Outreach Manager/Counselor</b>	
<b>Name of Person:</b>	Julie Karanja
Educational Degree (s): include college or university, major, and dates	Masters of Counseling, December 2011. School Counseling Certification K-12 University of Missouri-Kansas City.  Bachelor of Science Degree in Sociology, 2003 Minor in Social Work and Psychology. Southwest Baptist University, Bolivar, Missouri.
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	10+ years in residential services for women and children
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee since 2005
Describe this person's responsibilities over the past 12 months.	See attached resume
Previous employer(s), positions, and dates	See attached resume
Identify specific information about experience in:	See attached resume
✓ Early childhood development	
✓ Family/marital counseling	
✓ Social work	
✓ Case management	
✓ Program administration	

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**JULIE L. KARANJA**  
**juliek.lighthouse@mbch.org**  
**8901 Carter St. Apt 201**  
**Overland Park, KS 66212**  
**913.433.6272**

**EDUCATION:**

**Masters of Counseling, December 2011.**  
**School Counseling Certification K-12**  
 University of Missouri-Kansas City.  
**3.69 G.P.A. on a 4.0 scale**

**Bachelor of Science Degree in Sociology. May 2003**  
**Minor in Social Work and Psychology.**  
 Southwest Baptist University, Bolivar, Missouri.  
**3.51** G.P.A. on a 4.0 scale

<b>Current Employment</b>	<b>The LIGHT House, Counselor &amp; Outreach Coordinator.</b> Kansas City, Missouri. Provide individual therapy to all residents in the maternity home and run therapy groups when appropriate. Coordinate classes and organize events for outreach. Manage volunteers and material donations for the agency. January 2012- Current
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**Previous Employment** **Missouri Baptist Children's Home, Part Time Family Resource Development Specialist.** Kanas City, Missouri. Complete home study interview for families seeking to provide relative-kinship or foster care services. Gather necessary documentation and references. Write home study assessment.

**The LIGHT House, Outreach Coordinator & Ministry Assistant.**  
 Kansas City, Missouri.  
 Provide case management to single parents involved in the parenting education program. Coordinate classes and organize events for outreach. Manage volunteers and material donations for the agency.  
 August 2010-December 2011

**Sun Cloud Distributors, Administrative Assistant.** Lenexa, Kansas.  
Completed necessary administrative duties needed for the business. Processed orders. Compiled marketing materials.  
October 2008-April 2010.

<p><b>The LIGHT House, Residential Manager, Kansas City, Missouri.</b>          Performed necessary management tasks to keep residence operating smoothly, including supervision of staff and problem solving with clients. Worked with pregnant and parenting teens residing at the Lighthouse. Taught classes on Life and Abstinence. Took initial calls from young women experiencing crisis pregnancies. Hired and trained house parents.          June 2006-May 2008.</p>	<p><b>Skills</b></p>
--	----------------------

**The LIGHT House, Overnight House Parent, Kansas City, Missouri.**  
Performed houseparent duties. Assisted clients in caring for their infants. Aided clients during overnight emergencies. Entered grant documentation to bill for services.  
June 2005-January 2006.

**Missouri Department of Social Services, Family Support Division,  
Income Maintenance Caseworker, Kansas City, Missouri.**

Assisted low-income clientele by determining eligibility for state funded programs, including the Food Stamp Program and Medicaid. Interviewed clients, completed necessary paperwork by required deadlines and made referrals when appropriate. November 2003-December 2004.

**Mother's Refuge, Part Time House Parent, Independence, Missouri.**

Worked with parenting and pregnant teenagers in a residential setting. Performed houseparent duties, such as assisting girls with their babies and enforcing house rules. September 2003-November 2003.

**Previous Internship**      **Central High School, Intern Counselor.** Kansas City, Missouri.  
Counsel students individually concerning social, academic, and career issues. Assist with student schedules. Develop and implement a small group for teen parents.  
August 2010-December 2011

**Previous Practicum**      **Satchel Paige Elementary School, Practicum Counselor.** Kansas City, Missouri.  
Counseled students individually. Taught classroom lessons at various grade levels with a specific emphasis on career clusters. Implemented necessary elements of the Missouri Comprehensive Guidance Program to assist students' school wide.  
January 2010-May 2010.

**Hope Academy, Practicum Counselor.** Kansas City, Missouri. Counseled high school students individually. Worked with students concerning their career planning and continuing education.  
January 2010-May 2010.

**Volunteer Work**      **Metro Christian Fellowship, Youth Leader,** Kansas City, Missouri.  
Mentor youth and assist with Wednesday night meetings. Help plan and coordinate youth events.  
June 2008-December 2012.

**AWARDS AND HONORS:**

Who's Who Among America's Colleges and Universities, 2003.  
President's List at Southwest Baptist University, Fall 1999-Spring 2003.  
Senior Sociology Award, Spring 2003.

**Exhibit Revised by Addendum #1****EXHIBIT F****METHOD OF PERFORMANCE**

The vendor should present a written plan for performing the requirements specified in this Request for Proposal. In presenting such information, the vendor should specifically address each of the following issues:

1. For each geographic region proposed, identify the service location as well as any satellite locations. Describe the geographic proximity of the services being proposed to the majority of clients to be served. Describe how women initially access services and locate the service location/satellite location.

<b>GEOGRAPHIC REGION 3</b> <i>(Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)</i>	
Identify the service location:	The maternity home is located in Jackson County at 3212 Central in Kansas City, Missouri.
Identify the satellite location(s)	Administration and outreach are located in Jackson County at 400 West Meyer Boulevard in Kansas City, Missouri.
Describe the geographic proximity of the services being proposed to the majority of the clients served.  <u>The identified service area for this proposal includes Jackson County and the six surrounding counties where the greatest need exists (Bates, Buchanan, Cass, Clay, Lafayette and Platte). Women who receive our services may come from any area to participate in The LIGHT House residential program.</u>	
Describe how women initially access service and locate the service location/satellite location. <b><u>Maternity Home:</u></b>  <b><u>Hope Call:</u></b> This is the initial phone contact with the program service staff for all of our program services.  <u>If the client is seeking shelter and meets the initial screening requirements (age 12-22 and either an adult or have a parent/guardian willing to sign them into the program) and there is space for her in the maternity home, an initial assessment will be conducted.</u>  <b><u>Assessment:</u></b> This personal interview will be conducted with the client, her legal guardian (if she is a minor) and the professional case manager at The LIGHT House administrative offices. The interview includes information about The LIGHT House and will address any questions or concerns from the applicant or her family. The client's qualifications for the Alternatives to Abortion program will be reviewed during this assessment.  <b><u>Acceptance into the program:</u></b> Client files will be reviewed and the professional case manager will prepare a report for the program director, counselor and nurse to review. The team will make a decision regarding acceptance. If the client is not accepted adequate referrals for other services provided.  <b><u>Admission day:</u></b> The client and legal guardian (if a minor) will meet with the professional case manager at The LIGHT House administrative offices to complete necessary paperwork and the client and her family (if a minor) will be escorted to the maternity home where they will be given a tour and program services will begin. Upon admission, all client files will be kept in accordance to policies as outlined by the state of Missouri residential licensing requirements and Alternatives to Abortions requirements.	

2. For each geographic region proposed, describe the demographic profile of the at-risk population to be served. Describe outreach strategies for reaching the targeted at-risk population(s), including strategies for addressing the cultural diversity of targeted clients

GEOGRAPHIC REGION 3 (Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)	
Describe the demographic profile of the at-risk population to be served.	
<p><u>In 2015, 20 clients were served in The LIGHT House residential maternity home program. The 2015 demographics indicate that out of 20 clients, 10 were adults, 1 minor, 3 toddlers and 6 infants. 15% of the clients were multi-racial, 30% Caucasian and 55% African American. The LIGHT House will accept all clients regardless of religious, cultural or economic background.</u></p>	
Describe outreach strategies for reaching the targeted population.	
<p><u>The LIGHT House has historically targeted at-risk populations through the Kansas City metro area and approximately 100 miles beyond. Additionally, posters and brochures have been distributed in heavy traffic areas such as gas stations, schools, libraries, doctors' offices and hospitals.</u></p>	

3. For each geographic region proposed, describe the marketing of services.

In order to reach clients, The LIGHT House will provide brochures, posters, and training opportunities to churches, schools, hospitals, health clinics, etc. in our community. The LIGHT House has a social media presence as well.

**Item Revised by Addendum #1**

4. For each geographic region proposed, identify the site where the Initial Client Intake Assessment will be conducted. Describe how client eligibility will be determined.

GEOGRAPHIC REGION 3 (Identify the geographic region. If proposing multiple geographic regions, copy and complete this table for each geographic region proposed.)	
Identify the site where the Initial Client Intake Assessment will be conducted:	All risk and needs assessments will be conducted at our satellite office (headquarters) located at 400 West Meyer Boulevard in Kansas City Missouri.
Describe how client eligibility will be determined.	
<p>The case manager will meet with all clients in person to determine eligibility for the Alternatives to Abortion program. The case manager will work with the client to complete a predesigned questionnaire which will assess the client's state of residence, income level and proof of pregnancy. The case manager will ensure that the client is not receiving Alternatives to Abortion Program services from another provider. The case manager will accept the following as proof of identification or income: utility bill, driver's license, pay stubs, employer statements and/or social security benefits statements.</p>	



5. For each geographic region proposed, provide a detailed description of the case management process. Identify the hours of service, including emergency coverage outside of business hours and weekends.

Professional case management will be provided to every admitted client and will be tailored to the client's individual need. The client and the case manager will work together to create an individualized plan which will address physical, educational, emotional and social goals. These plans will be reviewed weekly during case management sessions and during a weekly client review. Client review is a weekly team meeting where the case manager, full-time residential advocates, program director, counselor and the case manager meet together to ensure that the client is appropriately progressing in her individualized plan.

Clients in the maternity home will have access to 24-hour support staff, in person for maternity residents and by phone for outreach and adoption clients.

Information to be assessed during case management will and include and not be limited to the following:

- 1) Spiritual growth
- 2) Prenatal care
- 3) Health and nutrition
- 4) Education and career
- 5) Emotional and counseling
- 6) Parenting skills
- 7) Social
- 8) Financial
- 9) Individual Goals

#### **Item Revised by Addendum #1**

6. For each geographic region proposed, provide a preliminary list and description of all prenatal and parenting education courses provided by your organization. Indicate the source of the course material taught in each class and identify where each of the required educational components identified in paragraph 2.3.1 c. of the RFP are covered.

Class	Location	Duration	Materials for Class	Cost for Class
Boundaries Class	Satellite	1.5 hours	Book- <i>Boundaries</i> by Henry Cloud	\$10 dollars for book (1-2 per group)
Outreach (parenting, life skills, healthy relationships, bible study)	Satellite	3.5 hours	Bible	None
Safe Sleep for infants	Satellite	2.5	Educational Information/pack and play	Provided by agency partner
Substance Use During pregnancy	Satellite	2.5	Educational Information	None
Breastfeeding	Satellite and onsite	2.5	Educational Information	None
Folic Acid	Satellite	2.5	Educational Information	None
Adoption class	Satellite and	3.5 hours	Educational information	None

	onsite			
Child birth education and prenatal care	On Site	1 hour	Educational information and visual aids	None, as supplies are have been previously provided for ongoing classes
Parents as Teachers	On Site	1 hour	Materials provided by instructor	None
Financial Class	On Site	1 hour	Educational Information	None
Craft Class	On Site	2 hours	Craft supplies	\$600/year
Cooking Class	On Site	1 hour	Cooking supplies	\$5-10/week
My Baby's First Year <ul style="list-style-type: none"> <li>- Car Seat Safety</li> <li>- Shaken Baby Syndrome</li> <li>- Immunizations</li> </ul>	On Site	1 hour	Baby toys/supplies	Grant-\$2,000 for 10 participants
Life Skills	On Site	1 hour	None	None
Health Care for Mom	On Site	1 hour	Educational information	None
Health Care for Infant <ul style="list-style-type: none"> <li>- Car Seat Safety</li> <li>- Shaken Baby Syndrome</li> <li>- Immunizations</li> </ul>	On Site	1 hour	Educational information	None
Nutrition Class	On Site	1 hour	Materials provided by instructor	None
Substance Abuse treatment	Off site	When needed	Materials provided by agency	None
College Coach	On Site	1 hour	Materials provided by agency	None

7. For each geographic region proposed, describe each of the services specified in section 2.3.2 of the RFP. Explain the service delivery system including any referral network and referral plan. Describe the cultural competency of providers.

All services are reviewed by trained professionals who are deemed appropriate and culturally competent. It is the stance of The LIGHT House that referrals will be given to agencies with whom we have a working history. If we are accessing a new service it will be the responsibility of the case manager to gather information regarding the appropriateness of the referral.

All Medical care: Every mother and child at The LIGHT House will be given access to above standard medical care services by area physicians, as well as 24-hour on-call nursing care. The LIGHT House is committed to ensuring that all medical services received are provided by individuals who meet the professional and legal requirements to provide such care. If the client is not enrolled in health coverage

through the MO Health Net Division, she will receive assistance in being enrolled. The LIGHT House will ensure that all women and children are receiving proper preventative care, well care and sick care. Any clients receiving prenatal care will have access to ultrasound services.

Mental Health Care: All clients are provided counseling through a qualified counselor at The LIGHT House, if it is deemed appropriate that additional mental health care is needed, the client will be referred to an appropriate licensed professional.

Adoption assistance: The LIGHT House is a licensed adoption agency in Missouri. If the client wishes to use an agency other than The LIGHT House, she will be referred to an alternative licensed adoption agency.

Child Care: The LIGHT House will help all clients secure appropriate and reliable child care for their child(ren). The case manager will help the client to access any child care benefits she may be entitled to. Additionally, The LIGHT House will educate the client on the following: what to look for in appropriate childcare, interview questions and safety concerns in child care. The case manager will assist the client in securing childcare in safe and appropriate setting.

Supplies and Clothing: The LIGHT House will provide all necessary supplies to the clients to provide a healthy, sound and safe environment for herself and her child. The LIGHT House has a Baby Boutique and clothing closet that all clients can access. If the client is unable to find what she needs for herself or her child, The LIGHT House is able to provide the items to the client at no cost.

Domestic abuse protection: 24-hour awake staffing provides a safe and secure living environment. Clients will receive information regarding personal safety, breaking the cycle of violence and red flags of abuse. If the client is in need of intensive domestic violence services The LIGHT House will make referrals to appropriate community resources.

Drug abuse: The LIGHT House will screen for drug use and create appropriate treatment and referral plans. The LIGHT House has access to in home drug screening kits and is able to refer to community resources for testing and treatment at no cost to the client.

Education: The LIGHT House will ensure that clients participate in formal education programming, advancement toward high school diploma, GED, business, vocational, technical training or college. Minor clients will be required to continue with formal education unless their GED has been obtained.

Vocational training and placement: The LIGHT House will provide clients information regarding vocational training and placement via courses taught at the home and community resources.

Food: All maternity home clients will have access to nutritious meals and snacking options 24 hours a day 7 days a week. Maternity Home clients are responsible for creating meal plans with the input of The LIGHT House staff to ensure that all food groups are covered and that meals are nutritious and balanced.

Housing: The LIGHT House maternity home is licensed by the State of Missouri Department of Social Services. The state licensing requires fire and safety inspections, upon request The LIGHT house is able to provide proof of inspections. All utilities are provided.

Transportation: The LIGHT House owns a SUV and a 12 passenger van; both are regularly serviced and maintained. The vehicles are used to transport clients. The LIGHT House will only employ regularly monitored and licensed drivers.

8. For each geographic region proposed, describe how your proposed program will provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.

All services will take place in geographic region number three. As listed within this RFP, there are a significant number of training opportunities made available to those who participate in The LIGHT House program. These training opportunities are given to the clients so that they will be able to provide care to their children in their own home or the home of relatives following program completion. Upon program completion, 100% of all clients are referred to the weekly Outreach Program which offers additional education and support. Clients are also given the opportunity to have a qualified case manager meet with them in their homes for up to a year following program completion. In-home case management is utilized to ensure that the client is properly prepared to provide for her family. The case manager will provide one on one support up to a year or until it is determined that the service is no longer needed.

1. For each geographic region proposed, describe how your proposed program will help to end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.

All services will take place in region three. As listed throughout this RFP, The LIGHT House has an all encompassing approach to working with families and providing the skills necessary to provide family services that will allow them to be independent of government benefits. All clients are encouraged to complete school and or specialized trainings to ensure that they will be able to obtain appropriate employment to support the needs of their families.

10. For each geographic region proposed, describe how your proposed program will reduce the incidence of future out-of-wedlock pregnancies. Include your program's annual numerical goals for preventing and reducing the incidence of these pregnancies.

All services will take place in region three. While the agency has no annual numerical goals for preventing or reducing out of-wedlock pregnancies, we provide education and encouragement to ensure that responsible parenting is pursued by all clients. The agency educates clients on the importance of having both parents involved as established by Christian principles.

2. For each geographic region proposed, describe how your proposed program will encourage the formation and maintenance of two-parent families.

All services will take place in region three. The LIGHT House encourages the formation and maintenance of two-parent families. All clients are assessed for domestic violence through a screening tool. If the father is deemed to be an appropriate and safe support to the client, then the father is encouraged to visit with the mother and child(ren) as well as be involved in prenatal care and support and attend appropriate life skills and parenting training sessions.

12. Organizational Chart - The vendor should provide an organizational chart showing the staffing and lines of authority for the key personnel to be used. The organizational chart should include (1) The relationship of service personnel to management and support personnel, (2) The names of the personnel and the working titles of each, and (3) Any proposed subcontractors including management, supervisory, and other key personnel.

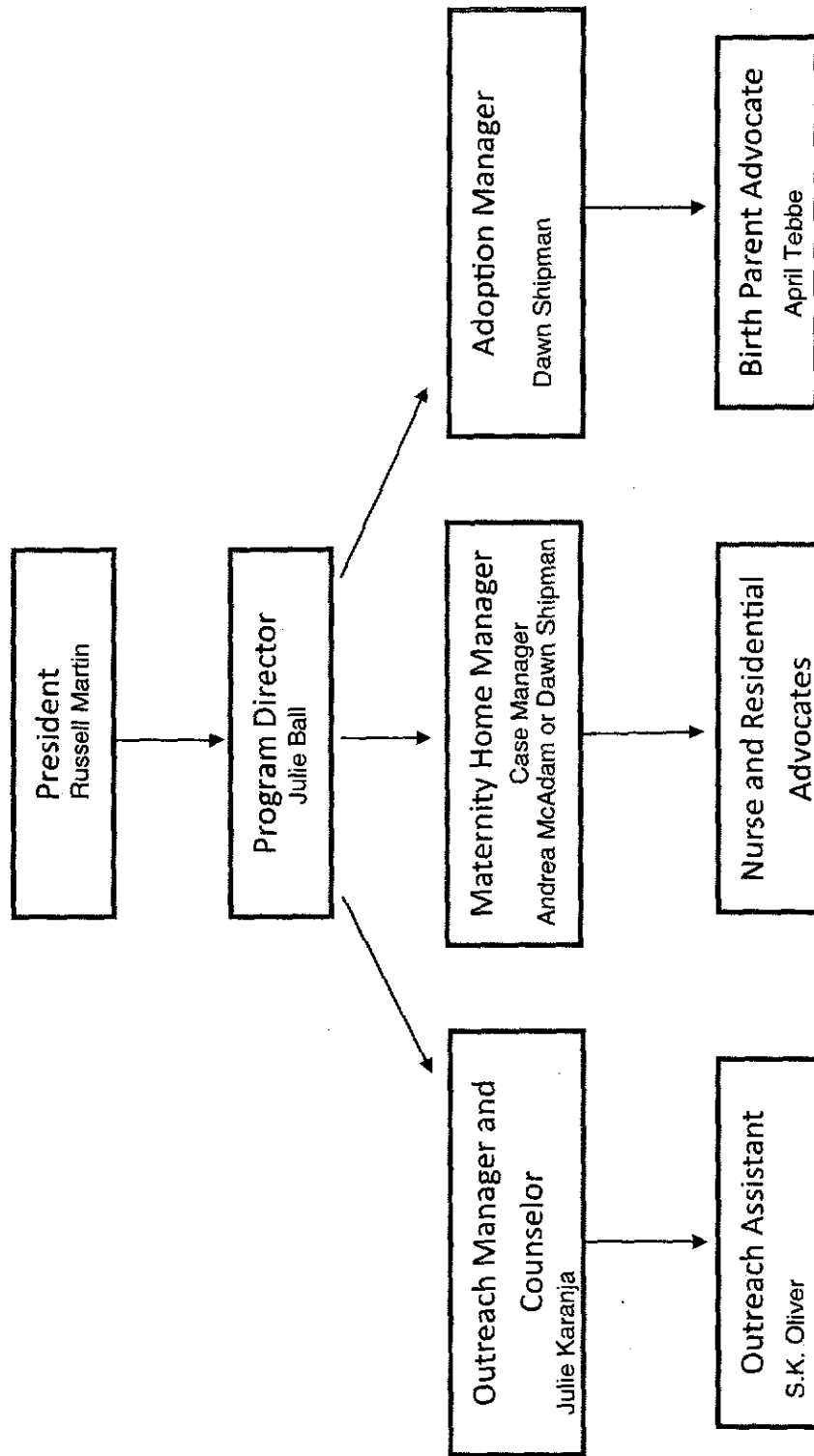
Attached.

13. Along with a detailed organizational chart, the vendor should describe the following:

- How services of the contract will be managed, controlled, and supervised in order to ensure satisfactory contract performance.

The contract will be managed by the program director under the supervision of the agency president and board. The program director will meet all minimum requirements as requested by the Department of

# The LIGHT House Organizational Chart



Residential Advocates:  
 FT: Kathy Bryant, Sarah Davis, Jackie Bruscato  
 PT: Barbara Courtney, Kim Driller, Nancy Seay,  
 Gianna Grisafe  
 PRN: SK Oliver, Kendra Werner and Katanna Clark

Social Services Children's Division Residential Program Unit as well as the requirements as set forth in this RFP. The program director will oversee all aspects of the program and ensure satisfactory contract performance. A resume of the current program director is included in Exhibit E.

- Total Personnel Resources - The vendor should provide information that documents the depth of resources to ensure completion of all requirements on time and on target. If the vendor has other ongoing contracts that also require personnel resources, the vendor should document how sufficient resources will be provided to the State of Missouri.

We ensure that we have a sufficient number of staff members and house parents to appropriately run the program as described in this RFP. The LIGHT House is in full compliance with state licensing regulations.

14. Economic Impact to Missouri - The vendor should describe the economic advantages that will be realized as a result of the vendor performing the required services. The vendor should respond to the following:

- Provide a description of the proposed services that will be performed and/or the proposed products that will be provided by Missourians and/or Missouri products.

All services will be provided within the state of Missouri and purchases needed to fulfill the contract will be purchased within the state of Missouri. This would include the procurement of supplies, transportation costs (vehicles, fuel, etc.), food, and other items needed to meet the obligations of the contract.

- Provide a description of the economic impact returned to the State of Missouri through tax revenue obligations.

Since The LIGHT House is a 501(c)(3) corporation and has tax exempt status with the state of Missouri, there will be minimal immediate direct impact to the state as far as the corporation is concerned. However, there will be impact as we purchase goods and services from local vendors and as the employees file state and local income tax returns. In addition, the clients we serve will be afforded the skills to become productive members of society and will generate economic benefit to the state.

- Provide a description of the company's economic presence within the State of Missouri (e.g., type of facilities: sales offices; sales outlets; divisions; manufacturing; warehouse; other), including Missouri employee statistics.

The LIGHT House has its primary office location at 400 West Meyer Boulevard, Kansas City, MO, and a maternity group home at 3212 Central, Kansas City, MO. It has a budget of \$587,026 and employs thirteen permanent staff and three PRN staff.

**Item Inserted by Addendum #1**

15. For each geographic region proposed, the vendor should indicate the estimated number of clients the vendor anticipates serving annually for non-residential services and residential care services.

GEOGRAPHIC REGION	ESTIMATED ANNUAL NUMBER OF NON-RESIDENTIAL CLIENTS TO BE SERVED	ESTIMATED ANNUAL NUMBER OF RESIDENTIAL CARE CLIENTS TO BE SERVED
1		
2		
3	48	11/10 A2A

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4		
5		
6		
7		
8		
9		

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**EXHIBIT G**

## IMPLEMENTATION OR READINESS PLAN

**Implementation or Readiness Plan** - The vendor should sequentially list and briefly describe the tasks or events proposed for the implementation of the required services. If no tasks or events are required, the vendor should provide a statement of readiness. For each task/event identified, the vendor should identify the number of days required to complete the task/event, the personnel proposed to perform the task/event, and the number of work hours for each person.

- **Completion Day** should be specified as a certain number of days from state agency authorization to proceed with services until completion of the specific task and should be expressed as calendar days, not specific dates.
- **Assigned Personnel** should be identified by name rather than project title unless such personnel are yet to be hired.
- **Workhours** should indicate that time each assigned person will spend on the specific task.

[illegible]

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EXHIBIT H

CLIENT SCENARIO

The vendor should present a written narrative which demonstrates the method or manner in which the vendor proposes to satisfy the requirements of the Request for Proposal to conduct Alternatives to Abortion Program services for the client scenario described below. The vendor should provide a total price with a price analysis for the client services identified in the narrative.

\*\*\*\*\*

Jessica Smith has recently graduated from high school. She wants to pursue a career as a high school English teacher. She has applied and been accepted as an incoming freshman at a local college.

Jessica has just learned that she is six weeks pregnant. She does not currently have a job, and her boyfriend, also a recent high school graduate, is also unemployed. They are both 18 years of age and had planned to get an apartment together. Neither one of them has monetary support from their families.

Jessica currently lives 15 miles from the contractor's service location, but does not have a vehicle. If she continues with her higher education plans at the local college, she will be 30 miles away from the local college. She has contacted your organization and is unsure of her decision to parent or adopt.

Narrative:

Jessica contacted The LIGHT House Hope Line to ask for community resources. Upon discussion with Jessica it was deemed that she was eligible for the residential program. After weighing the options of moving into an apartment with her boyfriend or receiving services in The LIGHT House maternity home, Jessica decided that she would like to meet for an interview and be assessed for the maternity home program. After meeting with the professional case manager for an assessment and conducting the Individual Risk and Needs assessment, it was determined that Jessica would qualify for both the maternity home and the Alternatives to Abortion program. The professional case manager gathered and reviewed Jessica's records with the program director, nurse, and counselor, and it was decided it would be appropriate for Jessica to be accepted into the maternity home program; Jessica would benefit from the following services: case management, medical, counseling, education, transportation, and parenting skills.

Jessica was admitted to the maternity home program. Jessica and the professional case manager worked together and developed Jessica's personalized service plan within 10 days of admission.

Jessica was screened for Drug and Alcohol abuse as well as Domestic Violence. No issues were identified.

Jessica worked closely with her professional case manager to create a personalized service plan to address her physical, educational, emotional and social goals. These goals were reviewed during their case management sessions. Jessica also attended the weekly courses offered at the maternity home, which addressed issues including, but not limited to: spiritual growth, prenatal care, health and nutrition, education and career, emotional and counseling, parenting skills, social, financial and individual goals.

With the help of the staff nurse, Jessica was referred to MO HealthNet for pregnant women, and obtained pregnancy medical coverage within 2 weeks. Jessica began her prenatal appointments, and routinely attended them throughout her pregnancy. The nurse helped monitor needed medical appointments, including vision and dental. With the help of the case manager, Jessica enrolled in the WIC program.

Jessica's boyfriend, the father of the baby, was able to attend all medical appointments and life skills and educational classes.

Jessica had several options regarding continuing her education. Staff was prepared to help Jessica get to and from the college in which she was enrolled; however, Jessica decided to pursue a community college located near the maternity home. At the community college, Jessica began completing her prerequisite courses which will transfer fully to a four year colleges. Jessica was able to utilize several modes of transportation to get to school including, walking (less than one mile), the city bus or allow staff to transport her when necessary.

Jessica was enrolled in the program when she was seven weeks pregnant, she remained in the maternity home for the remaining 33 weeks of pregnancy and stayed 16 weeks post-partum (total 49 weeks equaling 343 days). Jessica and her child currently reside in low-income housing; the professional case manager at the maternity home will maintain contact with her for a year following her departure date; additionally, she is eligible for Outreach Services until her child is 3 years old.

Housing Residential Care: 343 days at \$100/day= \$34,300

Total price: \$34,300 (provide a price analysis)

Residential care pricing was determined is as follows:

Residential Advocates Salaries and Benefits:	\$69.75
Therapist/Case Manager	\$ 6.75
Housing (utilities, maintenance, food, etc.)	\$20.50
Transportation	\$ 3.00
Total	\$100.00

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EXHIBIT I

PARTICIPATION COMMITMENT

Not applicable.

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EXHIBIT J

DOCUMENTATION OF INTENT TO PARTICIPATE

Not applicable.

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**EXHIBIT K****BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,  
AND AFFIDAVIT OF WORK AUTHORIZATION****BUSINESS ENTITY CERTIFICATION:**

The vendor must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

- |                      |   |
|----------------------|---|
| <b><u>BOX A:</u></b> | To be completed by a non-business entity as defined below.  |
| <b><u>BOX B:</u></b> | To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at <a href="http://www.uscis.gov/e-verify">http://www.uscis.gov/e-verify</a> . |
| <b><u>BOX C:</u></b> | To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing.  |

**Business entity**, as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term "business entity" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

**BOX A - CURRENTLY NOT A BUSINESS ENTITY**

I certify that \_\_\_\_\_ (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

- ☐ - I am a self-employed individual with no employees; OR
- ☐ - The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if, \_\_\_\_\_ (Company/Individual Name) is awarded a contract for the services requested herein under \_\_\_\_\_ (RFP Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, \_\_\_\_\_ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Division of Purchasing with all documentation required in Box B of this exhibit.

\_\_\_\_\_  
Authorized Representative's Name (Please Print)

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Company Name (if applicable)

\_\_\_\_\_  
Date

**EXHIBIT K, continued**

*(Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box B do not complete Box C.)*

**BOX B - CURRENT BUSINESS ENTITY STATUS**

I certify that The L.I.G.H.T. House, Inc. (Business Entity Name) MEETS the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

Russell L. Martin

Authorized Business Entity Representative's  
Name (Please Print)

  
Authorized Business Entity  
Representative's Signature

The L.I.G.H.T. House, Inc.

Business Entity Name

August 12, 2016

Date

RussellM.Lighthouse@MBCH.org

E-Mail Address

As a business entity, the vendor must perform/provide each of the following. The vendor should check each to verify completion/submission of all of the following:

- ☒ Enroll and participate in the E-Verify federal work authorization program (Website: <http://www.uscis.gov/e-verify>; Phone: 888-464-4218; Email: [e-verify@dhs.gov](mailto:e-verify@dhs.gov)) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

AND

- ☒ Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page listing the vendor's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed, at minimum, by the vendor and the Department of Homeland Security - Verification Division. If the signature page of the MOU lists the vendor's name and company ID, then no additional pages of the MOU must be submitted;

AND


- ☒ Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.

**EXHIBIT K, continued****AFFIDAVIT OF WORK AUTHORIZATION:**

The vendor who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

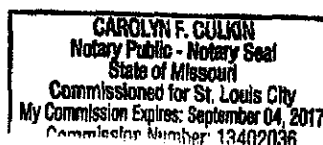
Comes now Russell L. Martin (Name of Business Entity Authorized Representative) as President and Treasurer (Position/Title) first being duly sworn on my oath, affirm The L.I.G.H.T. House, Inc. (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that The L.I.G.H.T. House, Inc. (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)*

<u></u>	<u>Russell L. Martin</u>
Authorized Representative's Signature	Printed Name
<u>President and Treasurer</u>	<u>August 12, 2016</u>
Title	Date
<u>RussellM.Lighthouse@MBCH.org</u>	<u>549272</u>
E-Mail Address	E-Verify Company ID Number

Subscribed and sworn to before me this 12 of August, I am  
(DAY) (MONTH, YEAR)  
 commissioned as a notary public within the County of St. Louis, State of  
(NAME OF COUNTY)  
Missouri, and my commission expires on 09-04-17.  
(NAME OF STATE) (DATE)

Carolyn F. Culkin 8-12-16  
 Signature of Notary Date



**EXHIBIT K, continued**

*(Complete the following if you have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box C, do not complete Box B.)*

**BOX C – AFFIDAVIT ON FILE – CURRENT BUSINESS ENTITY STATUS**

I certify that \_\_\_\_\_ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- ✓ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed by the vendor and the Department of Homeland Security – Verification Division
- ✓ A current, notarized Affidavit of Work Authorization (must be completed, signed, and notarized within the past twelve months).

Name of Missouri State Agency or Public University\* to Which Previous E-Verify Documentation Submitted: \_\_\_\_\_

(\*Public University includes the following five schools under chapter 34, RSMo: Harris-Stowe State University – St. Louis; Missouri Southern State University – Joplin; Missouri Western State University – St. Joseph; Northwest Missouri State University – Maryville; Southeast Missouri State University – Cape Girardeau.)

Date of Previous E-Verify Documentation Submission: \_\_\_\_\_

Previous Bid/Contract Number for Which Previous E-Verify Documentation Submitted: \_\_\_\_\_ (if known)

\_\_\_\_\_  
Authorized Business Entity Representative's  
Name (Please Print)

\_\_\_\_\_  
Authorized Business Entity  
Representative's Signature

\_\_\_\_\_  
Business Entity Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
E-Verify MOU Company ID Number

**FOR STATE OF MISSOURI USE ONLY**

Documentation Verification Completed By:

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
Date



Company ID Number: 649272

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer's Section

Information relating to your Company:

Company Name: [Redacted]

Company Address: [Redacted]

Company Phone: [Redacted]

Company Email: [Redacted]

Company Website: [Redacted]

Company Type: [Redacted]

Company Size: [Redacted]

Company Industry: [Redacted]

Company Description: [Redacted]

Company Contact Information: [Redacted]

Company Signature: [Redacted]

Company Date: [Redacted]

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**EXHIBIT L****Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

The L.I.G.H.T. House, Inc.

Company Name

DUNS # (if known)

Russell L. Martin

Authorized Representative's Printed Name

President and Treasurer

Authorized Representative's Title



Authorized Representative's Signature

August 12, 2016

Date

**Instructions for Certification**

1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

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**EXHIBIT M****MISCELLANEOUS INFORMATION****Outside United States:**

If any products and/or services offered under this RFP are being manufactured or performed at sites outside the United States, the vendor MUST disclose such fact and provide details in the space below or on an attached page.

Are any of the vendor's proposed products and/or services being manufactured or performed at sites outside the United States?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, do the proposed products/services satisfy the conditions described in section 4, subparagraphs 1, 2, 3, and 4 of Executive Order 04-09? (see the following web link: <a href="http://sl.sos.mo.gov/CMSImages/Library/Reference/Orders/2004/eo_04_009.pdf">http://sl.sos.mo.gov/CMSImages/Library/Reference/Orders/2004/eo_04_009.pdf</a> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If YES, mark the appropriate exemption below, and provide the requested details:</p> <p>1. <input type="checkbox"/> Unique good or service.</p> <ul style="list-style-type: none"> <li>EXPLAIN: _____</li> </ul> <p>2. <input type="checkbox"/> Foreign firm hired to market Missouri services/products to a foreign country.</p> <ul style="list-style-type: none"> <li>Identify foreign country: _____</li> </ul> <p>3. <input type="checkbox"/> Economic cost factor exists</p> <ul style="list-style-type: none"> <li>EXPLAIN: _____</li> </ul> <p>4. <input type="checkbox"/> Vendor/subcontractor maintains significant business presence in the United States and only performs trivial portion of contract work outside US.</p> <ul style="list-style-type: none"> <li>Identify maximum percentage of the overall value of the contract, for any contract period, attributed to the value of the products and/or services being manufactured or performed at sites outside the United States: _____%</li> <li>Specify what contract work would be performed outside the United States: _____</li> </ul>		

**Employee/Conflict of Interest:**

Vendors who are elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.450 to 105.458, RSMo, regarding conflict of interest. If the vendor or any owner of the vendor's organization is currently an elected or appointed official or an employee of the State of Missouri or any political subdivision thereof, please provide the following information:	
Name and title of elected or appointed official or employee of the State of Missouri or any political subdivision thereof:	N/A
If employee of the State of Missouri or political subdivision thereof, provide name of state agency or political subdivision where employed:	
Percentage of ownership interest in vendor's organization held by elected or appointed official or employee of the State of Missouri or political subdivision thereof:	_____ %

**EXHIBIT M, continued****Registration of Business Name (if applicable) with the Missouri Secretary of State:**

The vendor should indicate the vendor's charter number and company name with the Missouri Secretary of State. Additionally, the vendor should provide proof of the vendor's good standing status with the Missouri Secretary of State. If the vendor is exempt from registering with the Missouri Secretary of State pursuant to section 351.572, RSMo., identify the specific section of 351.572 RSMo., which supports the exemption.

N00042880	The L.I.G.H.T. House, Inc.
<i>Charter Number (if applicable)</i>	<i>Company Name</i>
If exempt from registering with the Missouri Secretary of State pursuant to section 351.572 RSMo., identify the section of 351.572 to support the exemption:	



The LIGHT House  
PO Box 22553  
KCMO 64113

PSN F0512

**P**

Origin: 64114  
Destination: 651  
2 Lb 8.00 Oz  
Aug 16, 16  
2842430114-07

Expected D



**PURCHASING  
PO BOX 809  
JEFFERSON CITY MO 65102-08**

**PRIORITY  
★ MAIL ★**

**TRACKED  
★ ★ ★  
INSURED  
★**



For Domestic Use Only

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DPMM 18 AUG '16 AM 9:10

**SOLICITATION/OPPORTUNITY NO.: RFPS30034901700042  
August 26, 2016**